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The Journal of Sociologic Medicine

Continuing the Bulletin of the
American Academy of Medicine

AUGUST, 1915

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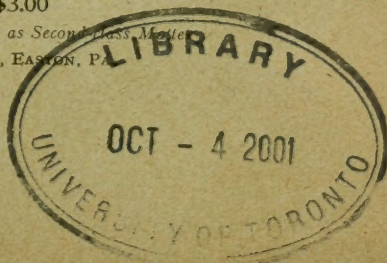
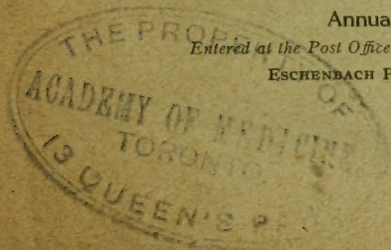
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The Journal OF Sociologic Medicine

Continuing the Bulletin of the American Academy of Medicine

Published Bi-monthly by the American Academy of Medicine, Easton, Pa.

VOL. XVI.

ISSUED AUGUST, 1915.

No. 4.

THE AMERICAN ACADEMY OF MEDICINE is not responsible for the sentiments expressed in any paper or article published in the JOURNAL.

LEADING ARTICLES.

THE RELATION OF MEDICINE TO THE PEACE MOVEMENT.

It is a fact that within every group of animals and men there are certain superior strains endowed above the others. The traits of these superior strains are reproduced in heredity.

It is thru these superior types that a race receives its color, or personality. It is thru the influence of these strains among men that all progress in history takes place. It is to the persistence and increase of such types that all race progress (as distinguished from educational progress) is due. Progress in the conditions of life is mainly the work of those highly endowed by nature.

The influence of war is adverse to the persistence and increase of these superior types. War demands the services of young men of physical vigor, dash and initiative. In its three-fold capacity, Military Conscription, Armed Peace (frustrate war) and Actual Battle, the war-system promotes the waste of the fittest while it allows the steady increase of the inert, the defective, and the inefficient.

The evil effects of the reversal of selection thru the war-system in time of peace are shown in statistical studies of the spread of venereal disease, characteristic of life in the barracks, of late

marriage and of failure in professional success, due to the loss of two to five of the best years of life, with the acquisition of habits of mental idleness, dissipation and unquestioning obedience to men of inferior capacity and perverted ambitions. It is admitted that a certain value, for some individuals, is found in barrack training; but this training is expensive for its results, belated as to time of life, mainly under incompetent teachers (for the old trooper is admittedly not a "plaster saint"), and the value attaches to the least valuable, from the racial point of view, of the squads of men, the city wastrel and the rural bumpkin. For the educated or educable men, barrack life is an absolute waste. Military conscription as a universal rule increases the danger of war, while it tends to destroy the initiative in its victims.

It is to be remembered that Peace is not a negative condition—the absence of war—but that war is the real negative, the absence in social and political relations of the Law and Order on which all progress in science, art and education must depend. Statistical studies in times of war show the dwarfing of the human stock thru the breeding from those that war cannot use. Army records show the lowering of stature by two inches as the result of a great war, with the corresponding increase of all forms of disability for which men are kept out of the ranks.

Stature in itself is a matter of little importance. It is only an index to the losses in other and more important qualities—strength, dash, bravery, initiative. But these cannot be measured in figures. They do not appear in statistics.

The fall of empires is the natural result of the killing off of the type of men that made them. Rome fell when the Roman type had mostly past away; Greece, when the Greeks were exterminated. No nation ever fell from a high estate save thru the reversal of the processes of selection from the ruinous influences of war. No nation has ever risen to its highest possibilities because no race of men has ever for an adequate period been freed from the curse of war. But until the loss of the best has culminated in the actual destruction of the breed, each period of peace in every nation has been a period of slow recuperation, mental and moral as well as physical.

International war is especially destructive to progress in science for science is absolutely international. It is the work of no one nation and of no one time. The man of science must stand on the shoulders of all who have gone before him. He must claim the cooperation of all his contemporaries, and the aid he receives on the one hand he must freely grant on the other. Anything short of this is not science.

The science of medicine stands on the advance line of human progress. Its origin is international, its successes cover the whole earth. Except in a few lines where the prodigious waste of human life yields unheard of abundance of clinical material, under the most unfavorable conditions for its study, the progress of medicine is paralyzed by war. All lines of human effort are blasted under its operations.

We do not know what it would cost to subject the whole world, including tropical as well as temperate regions, to complete sanitation. Surely the cost of this war, some \$45,000,000,000 for the year's carnival of murder, would be many times more than adequate for this work. Pernicious bacteria and protozoa may all be exterminated with time and energy. The little army of workers in medical science have done marvels in the forty-five years, more or less, since the first experiments of Tyndall, Lister and Pasteur. It was Tyndall who had the first conception of a battlefield, not as a field of glory, but as a riot of foul germs and microbes. Every battlefield, every campaign, every camp and every barrack is a riot of the enemies of man, of our enemies, for the worthy conception of a worker in science is that of a friend of man. More or less completely, certain diseases have been conquered in face of the march of armies. Typhoid fever has yielded to the movement of science. Yellow fever, bubonic plague, typhus fever, are passing with it. But war has taken its revenge in the spread of tuberculosis, of cholera, in the increased impetus given to the causes of insanity. The new art of social hygiene is almost strangled in the grasp of war.

War is therefore adverse to all the interests of the human race which belong to efficiency, justice and morality.

It is opposed to every interest represented by the physician, the teacher, the promoter of human welfare.

It is the most terrible enemy of all advance in the human breed.

It is at the same time a negativ element in human affairs, the absence of law and order, of self-restraint and of self-respect. It is the appalling chasm which yawns where the virtues and the intellect cease to control the destinies of man.

In the words of Clausewitz, the philosopher of strife, "War is a deed of violence which in its application knows no bounds."

DAVID STARR JORDAN.

STANFORD UNIVERSITY,
CALIFORNIA.

NOTE.—By an unusual mischance, Chancellor Jordan found it to be impossible to be at home at the time of the 40th annual meeting to deliver the Annual Address. In sending the manuscript for the above article, he writes: "It was my purpose to have discust certain relations of war to the breed of men, and to the elements of hygienic welfare. The following is an outline of the points I had hoped to make plain."—ED. JOURNAL.

FORTIETH MEETING OF THE AMERICAN ACADEMY OF MEDICINE,
JUNE 25-28, 1915.

The fortieth annual meeting of the American Academy of Medicine was held following that of the American Medical Association in the new auditorium building constructed by the Panama-Pacific International Exposition Company for convention purposes. It is to be given to the City at the end of the Exposition period and is an admirable building for such purposes.

The first meeting of the Academy was held Friday, June 25th. Because of the confusion in making appointments by Chancellor Jordan's Secretary, he was unable to be present, but a digest of his address on the "Relation of Medicine to the Peace Movement" was read.

The President's address, "The Physician as Pioneer," by Dr. Woods Hutchinson, was listened to with great interest by the 135 members and guests present.

The following morning the Academy met, and a preliminary paper by Dr. Philip King Brown on the details of his interest-

ing experiment at the Arequipa Sanitarium in the treatment of tuberculous working women was taken up in connection with the symposium upon "Medicine in Its Relationship to Commerce and Transportation." A very excellent program was presented, 92 members and guests being present.

It was decided to forego the social session at the St. Francis Hotel and in its place to have an informal dinner upon the Exposition grounds.

The Sunday meeting was held at the First Congregational Church. An excellent program had been gotten together by Dr. L. Duncan Bulkley.

The session on Monday, continuing the symposium upon "Medicine in Its Relationship to Commerce and Transportation," was of much interest, 51 being in attendance. The program contained papers by a number of leaders in America along these lines and we were very fortunate in having as many present to read their papers as we did. It was rather remarkable that two of the members on the Monday program had been called abroad, Dr. Strong having gone to Serbia to assist in the struggle against typhus fever, and Professor Kellogg to Belgium to take part in the relief work there.

The election of Dr. Rupert Blue as an honorary member by the Academy, preceding his election as President of the American Medical Association, was of particular interest.

As a whole the meeting of the Academy was most successful and the papers were of an unusually high order and listened to with great interest. The experiment shows that the meetings of the Academy can be conducted better before the meetings of the American Medical Association than afterwards, because of the various excursions, etc., provided for the entertainment of visitors in the various cities. In spite of this handicap it has been shown that a good program will always attract interest.

RAY LYMAN WILBUR.

THE HEALTH PROTECTION OF THE SAILOR IN THE MERCHANT MARINE.

By RELL M. WOODWARD, M.D., Surgeon, U. S. Public Health Service, San Francisco.¹

The term "Merchant Marine" includes all registered, licensed or enrolled vessels sailing under the American flag. It does not include vessels of the U. S. Navy. There are about 175,000 men in the Merchant Marine of the United States and from these men the U. S. Marine Hospitals draw their patients.

The branch of the United States Government which cares for the sailors of the Merchant Marine when sick or disabled is under the control of the Treasury Department, and was originally organized in 1798 under the name of the Marine Hospital Service. Later the name was changed to Public Health and Marine Hospital Service; and still later to the U. S. Public Health Service. The Marine Hospitals remain under its control. When the Service was originally organized there was an association between the sailors of the Merchant Marine and those of the U. S. Navy, both classes of cases being admitted to the Marine Hospitals. In about 1827 this affiliation was severed and each of the Services erected its own hospitals.

United States Marine Hospitals are located at virtually all of the chief cities on the Atlantic, Pacific and Gulf coasts, on the chain of Great Lakes and on the Ohio and Mississippi rivers. At other points where there is sufficient work to justify such action a commissioned officer of the Service is detailed and a contract is entered into with some local hospital to take care of the patients who apply. At still smaller places local physicians are appointed as Acting Assistant Surgeons to look after the work of the Service; and at any point where a Collector of Customs is located he may make arrangements for the treatment by private physicians of any merchant seaman requiring same. Provisions have also been made for the care of seamen of the Merchant Marine in Alaska, Hawaii, the Philippines and Porto Rico. There is no reason, therefore, why a sailor, except when

¹ Read at the 40th Annual Meeting of the American Academy of Medicine, San Francisco, June 28, 1915.

at sea, should be unable to secure medical attendance. There is no charge for the treatment of these patients.

The Service treats annually something over 50,000 patients. There is a popular idea that the majority of such cases are due to vicious habits. This is a decidedly overdrawn picture. It is not my desire to paint the sailor-man as a saint. He is not that, but some allowance should be made for his mode of life. He has no settled home, and when ashore with money in his pocket is surrounded by many temptations. Venereal diseases constitute about twenty-one per cent. of the patients treated by the Service, a great many more such cases being treated as out-patients than as hospital patients. Alcoholism requiring physical restraint is very rare in Marine Hospitals. The other seventy-nine per cent. of the patients include almost every disease that can occur in a man.

The tubercular patients of the Service are cared for in a sanatorium at Fort Stanton, New Mexico, which has an altitude of 6000 feet. The reservation covers several square miles of range land, but the station itself is located at a point most convenient to the railroad. During the days of the Indian uprisings numerous Army stations were located in the west and southwest. After this danger was past many of these posts were abandoned and the troops concentrated in more populous centers. The reservations remained the property of the United States Government, and it was one of these that was turned over to the U. S. Public Health Service for use as a Tuberculosis Sanatorium. It still retains its former name of Fort Stanton, New Mexico. At this sanatorium the treatment consists largely of life in the open air. Bed cases and all patients for a few days after arrival at the station are treated in the hospital, but all other cases are treated in tent-houses erected on the reservation. Various forms of medicinal and other treatment have been tried from time to time but they have not seemed to accomplish results better than the ordinary open-air treatment. During the past few years this station has averaged about 190 patients under treatment. The station has its own dairy and beef herd. It also has a garden where part of the station subsistence is raised. In transfer-

ring patients from various Marine Hospitals to the sanitorium at Fort Stanton rigid precautions are taken to prevent the spread of the disease to fellow-travelers. For instance, each patient is given a closed sputum cup of light material and is also furnished a bottle of antiseptic solution, a portion of which he is instructed to keep constantly in the cup and with which he is directed to wash out the cup before emptying same into the water closet. He is cautioned particularly, in writing, about expectorating anywhere about the trains, stations or hotels en route. He is given a drinking cup for his exclusive use and is warned not to use those on the trains, if same are carried by the trains. Many patients feel the sudden change in going to this high elevation and for that reason all are confined to the hospital for at least four days upon arrival, in order that they may become accustomed to their new surroundings.

Marine Hospitals take care of the cases requiring hospital treatment. The out-patient offices, usually located in the Custom House, treat more patients than the hospitals. At San Francisco during the last fiscal year 1360 patients were treated in the hospital, while the out-patient office, located in the Appraisers' Building, treated 2372 patients.

In addition to the sailors of the Merchant Marine the following Government Services are treated in Marine Hospitals, namely: Coast Guard, Light House Service, Mississippi River Commission, Engineer Corps, U. S. Army, Life Saving Service, and Coast and Geodetic Survey.

Sailors from ships under foreign flags are treated in Marine Hospitals at the request of their respective Consuls, and nominal reimbursement is made by the foreign governments to the U. S. Government for such treatment.

The reports for the last few years will show a great increase in the number of cases of syphilis treated. This does not mean that more cases of the disease are actually occurring, but that those who have had evidence of the disease at any time in their lives are now applying for treatment by "606." It is considered that the purchase of this remedy is a wise expenditure of the appropriation, as it protects the general public as well as the patients

themselves. Officers of the Service endeavor to exert a moral influence by advising early and vigorous treatment for venereal diseases and by warning patients against evil associates.

One of the most frequent surgical affections treated in Marine Hospitals is hernia. Years ago these patients were furnished trusses, and even at the present time trusses are occasionally furnished to patients who are not in physical condition to undergo operation, or who for any reason decline surgical treatment. The report for the last fiscal year shows 220 operations for hernia in the Service.

In a general way, it may be stated that the merchant sailor in order to be eligible for treatment in Marine Hospitals must bring a certificate from the captain, owner, or agent of the vessel, showing that he has sailed upon said vessel for a period of two months immediately preceding his application for admission to hospital. This requirement is subject to numerous exceptions, and any person injured or taken ill on duty is treated without regard to length of service. Whenever a reasonable doubt exists as to the applicant's eligibility to treatment under the laws and regulations he is given the benefit of the doubt.

It is difficult to compare statistics of results in Marine Hospitals with those in other hospitals. The conservatism that marks Government work is shown in recording the results. Four entries are used, namely: "Recovered, Improved, Not Improved, Died." No man is discharged "Recovered" until his symptoms have virtually disappeared and he is able to resume his vocation. In syphilis, for instance, no matter how fully the evidences of the disease may have been removed, the case is only marked "Improved." At the Tuberculosis Sanatorium in New Mexico the favorable cases are discharged "Apparently Cured," or "Disease Arrested." Experience with relapses has shown the unwisdom of recording any of these cases as "Recovered."

The building of the Panama Canal will increase the work of the Marine Hospitals on the Pacific Coast. Efforts are being constantly made in Congress to build up the Merchant Marine and increase the number of vessels sailing under the American flag.

If these efforts succeed the work of the Service will be increased in proportion.

In all contracts for food, medicines, etc., it is always stipulated that supplies shall be of the best quality, and any that do not meet this requirement are promptly rejected.

A few years ago new Marine Hospitals were built in Buffalo, N. Y., Pittsburgh, Pa., and Savannah, Ga. They are modern in every respect, and well equipped. It was formerly customary to build Marine Hospitals in warm climates on the pavilion plan, the wards being frame and spread out like a fan; but on account of the extensive repairs necessary, the modern tendency is to build reinforced concrete block hospitals. The general equipment is similar to that in all modern hospitals, and an endeavor is made to keep pace with the constant improvement along these lines. A Bill for a \$500,000.00 Marine Hospital in San Francisco passed the Senate during the last Congress, but did not come up for consideration in the House. We hope it will be presented to the incoming Congress.

There is at present in the Marine Hospital at San Francisco a rather celebrated typhoid carrier. This patient was originally treated in the hospital for typhoid fever and was discharged recovered. He was apparently responsible for the outbreak of typhoid fever on board a vessel upon which he had shipped, and the detection of the case is due to the earnest work of Dr. W. A. Sawyer, of the University of California. The patient was returned to the Marine Hospital and was treated with autogenous vaccines. Repeated examination of his stools for a period of many months failed to show typhoid bacilli, and he was again discharged as recovered. He shipped aboard a vessel and very promptly three cases of typhoid fever developed. He was again apprehended and returned to the hospital, when, with his consent, his gall bladder was removed, this being the accepted treatment at that time. He made a good recovery from the operation and is in excellent physical condition. It is a curious fact that a thorough examination of the contents of the gall bladder, made by Dr. Currie in the Federal Laboratory, San Francisco, revealed several organisms, but did not show any typhoid bacilli.

About six weeks after the operation typhoid bacilli were again found in the stool. Until a short time ago examinations of the stools for nearly a year had failed to show typhoid bacilli. Recently, however, Dr. Wayson, at present in charge of the Federal Laboratory, suggested that the patient be given olive oil by the stomach, and that this be removed by means of a stomach tube. This revealed a pure culture of typhoid bacilli. Since then a dose of podophyllum followed by a saline has made it possible to find typhoid bacilli in the stool. This case has definitely shown that the removal of the gall bladder cannot be depended upon as a means of removing the danger in such cases, and so far as can be seen at the present time, it will be necessary to keep this patient under observation the rest of his life. It is a sad commentary on the inefficiency of medicine in this particular trouble, but a remarkable stimulus for future endeavor by those indefatigable laboratory workers.

It would be a desirable thing if all merchant sailors could be inoculated with anti-typhoid vaccine. This is impracticable. In the Army the men are enlisted and under the absolute control of their officers. Our men are not enlisted, and such treatment can only be given when requested by the patients. The average merchant sailor will request no treatment of a prophylactic nature. Officers of the Service are directed to administer anti-typhoid vaccine to all employees of the Light House Establishment and the Engineer Corps of the U. S. Army who present themselves for that purpose.

In time of epidemic of small-pox, the officers are authorized to vaccinate all persons in the infected community who apply for such treatment. A recent order directs that civilian employees of the Federal Government, whose duties require them to perform interstate travel, or who are regularly engaged in the handling of mail or other material to be carried in interstate traffic, be vaccinated against small-pox or typhoid, upon applying for such treatment. An order has also extended the privileges of Marine Hospitals to employees of light houses. In time of catastrophe Marine Hospitals are open as an asylum for the homeless until provision can be made for them. The

President has authority to detail officers of the Service to assist the U. S. Army in time of war. Officers are from time to time detailed for special duty. For instance, at the present time officers of the Service conduct the Emergency Hospital of the Panama-Pacific International Exposition and also have charge of the sanitation of the Exposition.

A volume known as the "Hand Book of the Ship's Medicine Chest" has been issued by the Service and is given to masters of all vessels applying for same. It contains instructions regarding first aid to be administered by the officers of the ship until the services of a doctor can be obtained.

Recently a Revenue Cutter has been fitted out as a hospital ship, and, with an officer of this Service on board, cruises on the cod-fishing banks of the Atlantic Coast, rendering first aid to those injured in line of duty, and transporting them to a point where hospital attention can be secured.

I have endeavored in this rather sketchy paper to give you an idea of the manner in which the Government provides for the care of merchant seamen when ill or injured, and have incidentally pointed out a few other functions performed by Marine Hospitals and the officers of the U. S. Public Health Service.

A SOCIOLOGIC EXPERIMENT IN THE TREATMENT OF TUBERCULOUS WORKING WOMEN.

By PHILIP KING BROWN, M.D., San Francisco.¹

Those of you who have seen the cured cases of tuberculosis as they are graduated from sanatoria are impressed, I am sure, with the fact that they have lost a certain part of their efficiency as workers. It is generally accepted that such cases are not more than 60 per cent. efficient. Having watched the development of sanatoria in the United States for the last twenty years, and having seen the several institutions in Germany to which Germans point with pride, it seemed to me that a person interested in this sort of work could add to the already established methods of care in these cases an element that would remove certain of the justified criticisms of it. Therefore, in starting an institution for the care of the tuberculous, I endeavored to remove all the obvious objections and to add things to the scheme which might help to eliminate some of the things that could be criticized.

The objections that were to be removed were these: First, I do not believe that one institution can care for both sexes satisfactorily. You cannot put them together in the country and allow them to be idle. It was true when it was first said, and it still is true, that Satan finds mischief for idle hands. Every institution that tells you the truth about this sort of thing will tell you that the mixture of the sexes introduces problems which are very difficult to handle. Therefore we decided that we would take only women, for the reason that men with early tuberculosis have a very much better chance than women to find out-door occupation. We thought somewhat to equalize this state of affairs by providing for women.

The next thing was that it seemed possible to start an institution for early cases and to stick to that idea. Massachusetts tried it; built sanatoria for the early cases, and three-fourths of the patients in those institutions at the end of a short period of time, were advanced cases. In order to uncover a supply

¹ Read at the 40th Annual Meeting of the American Academy of Medicine, San Francisco, June 26, 1915.

of early cases, it became necessary before the institution was built to get the machinery working to provide these cases. We started, therefore, a tuberculosis class in connection with our tuberculosis clinic in the San Francisco Polyclinic. At first we did all the work in the homes of these patients and got a feeding center right here. We then went to the factory inspector in San Francisco, a woman who herself was a member of the Laundry Workers' Union, and organized one of the first unions among women here, and enlisted her sympathy and interest. By this means we came in contact with forty thousand working women. We delivered ten-minute talks during the lunch hour in the rooms where these girls ate their luncheons, and, confining the talk to a few essentials, we tried to convince them of these facts: that to wait for loss of weight and hemorrhage, night sweats, marked cachexia, fever and profuse expectoration was to wait until there was not much to do for the disease, but that there were certain signs they could all recognize that should lead them to go to clinics for examination, and that those signs were the cough lasting more than three weeks, the cessation of menstruation or change in the menstrual regularity, the ease of fatigue, the slight loss of weight without obvious explanation, and the slight fever if they knew enough to take temperature observations. We told them that these things demanded explanation, and that they should not go to doctors who dismissed them with prescriptions for cough medicine. That was the one warning we gave. The result was that when we came to open the sanatorium we had a well established feeder but we could take only one case in ten of those who applied because of the already advanced condition of the disease in most of the applicants. In the first month we refused two hundred patients too far advanced for treatment.

The only thing in connection with this institution that deserves to be made a matter of record is our experiment in finding some occupation that would give patients a chance to earn some money, and to occupy their minds without interfering with their recovery.

The Sanatorium has an exhibit at the Exposition in the Educational building of the Panama-Pacific International Exposition

that will show you the result of our effort in this line. There are three of our apparently cured girls making pottery.

You can put the patients to work, after the temperature has returned to normal, for one hour a day, increasing it to two hours, to three, and finally to five for five days a week, without interfering in the slightest with their progress towards recovery. In many cases they do not begin to gain until you have restored in them the confidence that the solution of the problem is in their own hands. Of all the things we could think of that might serve the purpose of occupying their minds and give them some training and that would have a commercial value, the making of pottery was the one thing that filled these requirements. The only danger in making pottery lies in the carving, on account of the dust and that danger is removed because the work is done out of doors, or in a room that has screen windows, and the carving is all done on the clay while it is wet. There is no possibility of there being any dust associated with it. Some work is done by hand and some in a mold, but even the work done in the mold is subject afterwards to a great deal of hand-work in perfecting the lines that give the pottery its special character. Every piece has on it the number of the form used and a number indicating who made it. This product also cannot be subjected to the criticism that having been made by consumptives it carries contagion because in the firing any such possibility is removed.

The charts in our exhibit will show you how the plan works out. Any girl who wants to work can practically earn her way. Very few do. Perhaps not more than ten per cent. do, and the reason for this is that only the girls who have no means do the class of work for which we pay the highest sum and where occupation is the chief thing the girl needs, she is put on relatively unremunerative work. We cannot care for consumptives without knowing the social side of the patient's life. We know perfectly well that when a girl is supporting a mother and has earned forty dollars a month, her sole hope is that some outside agency enter into the case to assist her to get well. A very large number of the employers in San Francisco, the Telephone Company, our large de-

partment stores, the Emporium, the White House, and several large factories, have agreed to continue to pay the wages for twelve weeks of any girl who has been employed by them a year. After twelve weeks she should be able to earn her living quite easily. If she is earning \$40.00 and had a mother to support, there is left at the end of the month only ten dollars for the mother, and someone must supplement that. While we are able to take care of the individual cases, we cannot always take care of the family problem. If we find that patients have means of their own, we do not provide them with the more profitable type of work, which is the handling of the more delicate work, for which we pay the largest sum. Girls are paid fifteen cents an hour after their first course of instruction, and that is gradually increased to twenty-five cents. If they have special ability we pay thirty-five or forty cents. Some girls have been paid as high as fifteen dollars a week. There is no provision for their being employed in this sort of work when they leave the Sanatorium, and for that reason some have not cared to take up the industry as a new trade in which they can find no subsequent employment.

TRANSACTIONS.

40TH ANNUAL MEETING.

EXPOSITION MEMORIAL AUDITORIUM,
SAN FRANCISCO, June 25, 1915, 4.00 P.M.

The Academy was called to order in executive session by Vice-President George A. Hare. Dr. Ray Lyman Wilbur was elected Secretary *pro tem*. President-elect Woods Hutchinson was introduced and took the chair.

Dr. H. E. Alderson, Chairman of the Committee on Local Arrangements, reported that arrangements were complete for the entertainment of the Academy.

The Committee on Program reported that there were no changes in the printed program as submitted.

The minutes of the previous meeting were read and approved as printed in the BULLETIN.

Council made the following report:

1. Presented the following applications for Fellowship with the recommendation that they be elected:

A. Stuart M. Chisholm, Bennington, Vt.

George Hardin Curfman, Salida, Colo.

Richard Fitz Harris Gundry, Catonsville, Md.

G. Carl Huber, Ann Arbor, Mich.

W. H. Lipman, Chicago.

William Henry Mercur, Pittsburgh.

Allen J. Nossaman, Pagosa Springs, Colo.

William Senger, Pueblo, Colo.

Frederick L. VanSickle, Olyphant, Pa.

Chester Curtis Waller, Lyndonville, Vt.

R. M. Woodward, San Francisco.

Hubert Work Pueblo, Colo.

On motion the Secretary *pro tem*. was authorized to cast a favorable ballot and they were elected.

2. Presenting the name of Dr. Rupert Blue, Surgeon General, U. S. P. H. S., with a favorable recommendation, for honorary

membership and he was elected by a single ballot cast by the Secretary *pro tem*.

3. Presenting a favorable report on the following proposals for Associate members:

Christopher M. Bradley, Esq., A.B., LL.B., Counsel to the International Commission of the State of California; Attorney for the State Compensation Insurance Fund; Attorney for the State Safety Department, San Francisco.

Miss Edith N. Burleigh, Superintendent of the Girls' Parole Department, Boston.

Miss Ida Cannon, Social Service Department, Massachusetts General Hospital, Boston.

M. Dorset, Chief of the Bio-Chemic Division, Bureau of Animal Industry, Washington, D. C.

Mrs. Jessie D. Hodder, Reformatory for Women, Framingham, Mass.

Vernon Lyman Kellogg, M.S., Professor of Entomology, Leland Stanford Junior University, Cal.

E. F. Ladd, Food Commissioner of North Dakota, Agricultural College, N. D.

Thomas Mott Osborne, Member of the Public Service Commission of New York, author of "Within Prison Walls."

A. V. Stubenrauch, Professor of Pomology, University of California, Berkeley.

On motion the Secretary *pro tem*. was authorized to cast a ballot in their favor and they were elected.

4. Recommending that the first papers to be read be those of which the authors were present, the others to be read later if desired by the Academy. This suggestion of the Council was adopted.

5. Recommending that a fund to be known as the Charles McIntire Fund be created, the interest thereof to be used for the promotion of some phase of sociologic medicine, the specific purpose to be determined by Dr. McIntire during his lifetime and thereafter as the Council may direct each five years. A committee composed of the following members was recommended for the collection of this fund: Doctors Helen C. Putnam,

Providence, R. I., John L. Heffron, Syracuse, N. Y., W. L. Estes, Jr., South Bethlehem, Pa., John B. Roberts and J. C. Wilson, of Philadelphia.

The recommendation of the Council was approved and on motion adopted by the Academy.

6. Recommending the acceptance of the resignations presented to the Council of those in full standing and the additional acceptance of those in arrears when their arrearages are paid.

On motion the recommendation of the Council was adopted and the resignations so accepted.

7. Presenting the following list of the deceased Fellows for the information of the Academy:

NECROLOGY LIST 1914-1915.

- 1909. Mar. 23. Charles A. Packard, Bath, Me.; b. November 10, 1828, at Brunswick, Me. He was the son of Professor Alpheus S. and Frances E. Appleton Packard. A.B., Bowdoin, 1848; A.M., same, 1851; M.D., Medical School of Maine, 1856. After receiving his A.B. degree he entered the Lawrence Scientific School and became an engineer. President Pierce later appointed him Librarian in the Department of the Interior at Washington, which position he held for two years, after which he began the study of medicine. He married Miss Caroline E. Payne, of Erie, Pa., in 1871. Elected, 1885.
- 1910. June 22. John R. Shannon, Berner, Ga.; b. at Cabaniss, Ga., in August, 1858. A.B., Georgia State University, 1873; M.D., Southern Medical College, 1893. Elected, 1895.
- 1911. May 14. William Rush Dunton, Montrose, Pa.; b. at Philadelphia, March 10, 1831. A.B., University of Pennsylvania, 1850; A.M., same, 1851; M.D., same, 1853. Elected, 1889.
- 1913. May 4. George H. Powers, Detroit, Mich.; b. at Boston, June 13, 1840. Son of George Herman and Caroline H. Powers. A.B., Harvard, 1861; A.M., same, 1865; M.D., same, 1865. He was interne in the Rainsford Island and Boston City Hospitals. He was a member of the American Medical Association and after moving to San Francisco became a member of the California State Medical Society. He became identified with numerous medical societies on the coast and was for 21 years Professor of Ophthalmology in the University of California Medical Department and later Emeritus Professor. On July 30, 1872, Dr. Powers married Miss Cornelia J. Chapman. Elected, 1905.

1914. Sept. 2. Martin Hayward Post, St. Louis; b. at St. Louis, March 31, 1851. Son of Truman M. and Frances A. Post. A.B., Washington University, 1872; M.D., St. Louis Medical College, 1877. He was interne in the St. Louis City and Female Hospitals and was connected with St. Luke's and the St. Louis Hospital and the Missouri Baptist Sanitarium for many years. Dr. Post was a member of numerous medical societies, chief among them being the American Medical Association, Missouri State Medical Society and the American Ophthalmological Society, of which he was President at the time of his death. His practice was limited to ophthalmology. Dr. Post was twice married, Miss Mary Lawrence Tyler being his first wife. They had two children. Miss Mary Brown Tanner was his second wife and they had one child. Elected, 1885.
1914. Oct. 7. Charles H. Lewis, Jackson, Mich.; b. at Concord, Mich., November 10, 1840. A.B., University of Michigan, 1862; A.M., same, 1865; M.D., same, 1866; Phar.D., same, 1863. Elected, 1889.
1915. Apr. 18. George W. Marshall, Milford, Del.; b. in Delaware August 31, 1854. A.B., Delaware College, 1874; A.M., same, 1877; M.D., Jefferson Medical College, 1876. Dr. Marshall served as Secretary and as President of the Delaware State Medical Society; was surgeon to the Milford Emergency Hospital; and was State Senator. Elected, 1885.
1915. May 5. Niles H. Shearer, York, Pa.; b. at Dillsburg, Pa., March 29, 1842. A.B., Dickinson College, 1864; A.M., same, 1867; M.D., University of Maryland, 1866. Elected, 1890.
1915. May 10. Nathaniel E. Wordin, Bridgeport, Conn.; b. at Bridgeport, May 26, 1844. A.B., Yale, 1870; A.M., same, 1873; M.D., Jefferson Medical College, 1873. Dr. Wordin was a member of his State Medical Society and the American Public Health Association, of which body he served as secretary for a number of years and as President in 1905. He was also a member of the State Board of Health from 1890 to 1899. He was a veteran of the Civil War. Elected, 1884.
1915. May 11. William Henry Forwood, Washington, D. C.; b. at Brandywine Hundred, Del., September, 1838. M.D., University of Pennsylvania, 1861. After graduation Dr. Forwood entered the army as assistant surgeon and past thru all the grades becoming brigadier general and surgeon general in 1902. Dr. Forwood was severely wounded in the Civil War. He served as president of the Army Medical School and was professor of military surgery in the same school and professor of pathology in the Georgetown University. Elected, 1897.

1914. Nov. 11. John Shrady, Stamford, Conn.; b. in New York City, March 13, 1830. A.B., Columbia College, New York City, 1849; A.M., same, 1853; M.D., College of Physicians and Surgeons of New York, 1861. Elected, 1878.
1915. Jan. 18. Samuel A. Fisk, Brimfield, Mass.; b. in Cambridge, Mass., February 9, 1856. Son of Robert F. and Narcissa P. Fisk. A.B., Yale, 1877; A.M., same, 1884; M.D., Harvard, 1880. Dr. Fisk moved to Denver where he became active in medical circles. He was a member of the Association of American Physicians; of the National Association for Study and Prevention of Tuberculosis; of the Sixth International Congress of Tuberculosis; of the American Medical Association; American Climatological Association, of which he was President in 1902; and the Colorado State Medical Society, being its President in 1888. Dr. Fisk was Professor of Medicine in the Medical School of the University of Denver. He was Secretary of the School until 1895 when he was appointed Dean, serving in that capacity until 1899. He was also on the staff of St. Luke's Hospital, Denver. In 1907 Dr. Fisk married Miss Clara Crumb of Chaumont, N. H. Elected, 1889.
1915. Mar. 16. Henry Smith Noble, Middletown, Conn.; b. at Hinesburgh, Vt., October 8, 1845. A.B., Tufts College, 1869; M.D., College of Physicians and Surgeons of New York, 1871; LL.D., Tufts, 1905. Dr. Noble was connected with the Connecticut State Hospital for the Insane since 1884, serving as Superintendent from 1901 to the time of his death. Elected, 1890.
1915. Mar. 29. Charles Richmond Henderson, Chicago (Associate Member); b. at Covington, Ind., December 17, 1848. Son of Albert and Lorana Henderson. A.B. (old) University of Chicago, 1870; A.M., same, 1873; B.D., Baptist Union Theological Seminary, 1873; D.D., same, 1885; Ph.D., Leipzig, 1901. On May 14, 1873, Professor Henderson married Miss Ella Levering, of Lafayette, Ind. From 1873 to 1892 he served as pastor in Terre Haute and in Detroit. In 1892 he became connected with the University of Chicago as Chaplain, which position he held at the time of his death. He was also Professor of Sociology at that institution. Professor Henderson was President of the National Conference of Charities and Corrections, 1898-9; United Charities of Chicago, 1913; International Prison Congress, 1910; and of the National Prison Association in 1902 and was a member of other societies. His contributions to the literature on the subjects in which he was interested were many. Elected, 1908.

The Treasurer's report was presented with the certification of its correctness by the Auditing Committee and accepted. It showed the total receipts, including the balance of \$178.60, to have been \$2,292.98 and the expenditures \$2,129.53, leaving a balance of \$163.45 on hand.

The President appointed Doctors R. L. Wilbur and Edward Jackson as the Committee on Nominations.

The Committee on Welfare made the following report:

Your Committee on the Welfare of the Academy was instructed at the last meeting to complete its membership and the President was authorized to appoint the members of the sub-committees contemplated by the new policy plan. The Committee elected Dr. Edward Jackson, of Denver, and Dr. Thomas D. Davis, of Pittsburgh, as the additional members of the Committee, making it to consist of Doctors Ray Lyman Wilbur, John L. Heffron, Thomas D. Davis, Edward Jackson and Charles McIntire. The President executed his trust by making the appointments as follows:

1. "The Child and Its Relationship to Society." Doctors L. T. Royster, Chairman, Norfolk, Va.; E. W. Goodenough, Waterbury, Conn.; Elizabeth L. Martin, Princeton, N. J.

2. "The Medical Aspects of Education." Doctors J. H. McBride, Chairman, Pasadena; T. S. Arbuthnot, Pittsburgh; John Staige Davis, Charlottesville, Va.

3. "The Social Inefficient." Doctors Edith R. Spaulding, Chairman, South Framingham, Mass.; S. Adolphus Knopf, New York City; H. D. Newkirk, Minneapolis.

4. "Legislation and Medicine." Doctors W. L. Estes, Chairman, South Bethlehem, Pa.; George A. Hare, Fresno, Cal.; H. D. Holton, Brattleboro, Vt.

5. "Medicine in Its Relationship to Industry, Trade and Commerce." Doctors Ray Lyman Wilbur, Chairman, San Francisco; R. W. Corwin, Pueblo, Colo.; J. B. Lowman, Johnstown, Pa.

6. "Civilization in Its Effects on Morbidity and Mortality." Doctors E. O. Otis, Chairman, Boston; George W. Crile, Cleveland; Reuben Peterson, Ann Arbor, Mich.

After some correspondence between the members of the Committee for the discussion of the topics in the successive annual meetings of the Academy, the order was made as follows:

1. Annual meeting, 1915, No. 5 "Medicine in Its Relationship to Industry, Trade and Commerce."

2. Annual meeting, 1916, No. 4 "Legislation and Medicine."

3. Annual meeting, 1917, No. 6 "Civilization in Its Effects on Morbidity and Mortality."

4. Annual meeting, 1918, No. 2 "The Medical Aspects of Education."

5. Annual meeting, 1919, No. 3 "The Social Inefficient."

6. Annual meeting, 1920, No. 1 "The Child and Its Relationship to Society."

Your Committee has also been making a study of the organization and its possible relationships with other bodies, such as the American Medical Association, in the field of sociologic medicine.

The greatest problem confronting the Academy is the selection of a new Secretary and Treasurer to take the place of Dr. McIntire. Up to date no satisfactory candidate has been discovered. This is a most vital question since Dr. McIntire informs us that this will be the last of his twenty-five years of service. Our special regret at his resignation makes it all the more important that we fill his position as well as we can. Fortunately in Miss Elizabeth Reed, the Deputy Secretary, we have one capable of going on with the routine management of the Academy. The problems of sociologic medicine are becoming prominent. A great responsibility devolves upon the officers of the Academy for the coming year if they are to maintain its traditions and to advance it in the field of sociologic medicine.

Since our periodic publication, by the change of name to Journal of Sociologic Medicine, makes a definit claim, it is incumbent upon us to make it to be what it claims to be. To do this, among other things, it should present frequently reviews of the literature and advances in every department of sociologic medicine. To accomplish this your Committee recommends that it be an added duty of each of the sub-committees to have prepared once a year an article or series of articles giving a survey of what has been accomplished in the department assigned to its care and that a definit number of the Journal be assigned for the presentation of each review.

The report of the Committee was accepted and the recommendations adopted, subject to such changes as the Academy may choose to make from time to time.

The Publication Committee presented the following report:

The Publication Committee reports that of the two volumes authorized to be published at the last annual meeting, that on Industrial Medicine has been published, but the reports on Teaching School Hygiene are waiting some additional matter from the Chairman of that Committee.

The Committee recommends that if any part of this volume has been printed it should be completed as well as possible during September, but if it has not been printed, but is only held in type, unless the additional matter is received during September, the printing of this volume should be given up and the metal no longer kept.

The report was received and the recommendation adopted and the Committee was authorized to act according to the facts of the case.

Dr. Adelaide Brown presented a series of resolutions relating to the affiliation of Harvard University with the Massachusetts Institute of Technology already endorsed by the American Nurses' Association, the National League of Nursing Education and the National Organization of Public Health Nursing, which was referred to the Council without debate according to the standing rule.

The Academy then adjourned to meet at 8.00 P.M.

FRIDAY, June 25th, 8.00 P.M.

The Academy met in open session with Dr. George A. Hare, Vice-President, in the chair. Thru an unfortunate conflict of dates Chancellor Jordan was unable to deliver the annual address on "The Relation of Medicine to the Peace Movement" in person. In his absence a digest of what he had planned to say was presented by Dr. Hare.

Dr. Woods Hutchinson delivered the President's address on "The Physician as Pioneer," after which the Academy took recess until the following morning.

SATURDAY, June 26th, 9.45 A.M.

The Academy met in open session with Dr. Woods Hutchinson presiding. The first paper of the day was entitled "A Sociological Experiment in the Treatment of Tuberculous Working Women," by Dr. Philip King Brown, of San Francisco. It was discussed by Dr. Woods Hutchinson, of New York.

The consideration of the subject of the symposium on "Medicine in Its Relationship to Commerce and Transportation," was opened by a paper by Dr. Rupert Blue, Surgeon General, U. S. P. H. S., on "The Prevention of Oriental Diseases in the Ports of America."

This was followed by a paper on "The Control of Hookworm Disease by the Pacific Steamship Companies," by Dr. Herbert Gunn, of San Francisco.

The papers of Dr. M. W. Glower, of the U. S. P. H. S., San Francisco, on "The Power of Quarantine and Its Relationship to Commerce," and Dr. Victor G. Heiser, Director of Health of the Philippine Islands, Manila, on "Hookworm Disease in Its

Relationship to Immigration and Commerce in the Philippines," were, in the absence of the authors, read by title, the Secretary *pro tem.*, Dr. Ray Lyman Wilbur, reading a brief abstract from the paper of Dr. Heiser. These papers were discust by Drs. Woods Hutchinson, J. W. Kerr, Washington, Philip King Brown, George E. Ebright, President of the State Board of Health, and Herbert Gunn, all of San Francisco.

"Transportation, Refrigeration and Conservation of Poultry and Fish Products," by Mary E. Pennington, Ph.D., Chief of Food Research Laboratory, Department of Agriculture, St. David's, Philadelphia, and Dr. E. D. Clark, Bureau of Chemistry, Department of Agriculture, Washington, D. C., was read by Dr. Clark and was discust by Mr. E. H. Webster, General Superintendent of the California Central Creameries, San Francisco.

"The Effects of Transportation upon Vegetables, Fruits, Etc.," by A. V. Stubenrauch, Professor of Pomology, University of California, Berkeley, was read by Dr. W. L. Howard.

"The Control of the Preparation and Preservation of Food Products Intended for Commerce," by M. Dorset, Chief of the Bio-Chemic Division, Bureau of Animal Industry, Washington, was read by Dr. H. H. Hicks, of San Francisco.

"The Economic Importance of Federal Inspection of Meat and Meat Products Destined for Commerce," by Dr. W. H. Lipman, Chicago, was read by title.

An abstract of the paper by Dr. George Ditewig, U. S. Department of Agriculture, Bureau of Animal Industry, Washington, on "The Economic Importance of Federal Inspection of Meat and Meat Products Destined for Commerce," was presented by Dr. H. H. Hicks.

These papers were discust by Drs. M. E. Jaffa, of the University of California, Woods Hutchinson, and Emma B. Culbertson, of Boston, E. D. Clark and H. H. Hicks.

"Leprosy as a National Problem," by Frederick L. Hoffman, LL.D., Statistician, Prudential Insurance Company of America, Newark, N. J., was read by the author and discust by Drs. R. W. Corwin, Pueblo, Colo., George E. Ebright, San Francisco, and George A. Hare, Fresno, Cal.

Dr. Corwin made a motion that the American Academy of Medicine support the movement in Congress to provide a National Leprosorium, which was referred to the Council under the standing rule of the Academy.

Dr. Hoffman's paper was further discust by Drs. C. W. Hopkins, Chicago, Woods Hutchinson and closed by Dr. Hoffman.

The Academy then adjourned to meet on Monday, June 28th.

MONDAY, June 28, 1915, 9.45 A.M.

The Academy met in open session with Dr. Woods Hutchinson in the chair.

The first paper presented was by Dr. C. W. Hopkins, Chief Surgeon, Chicago and Northwestern Railway Company, Chicago, on "The Hospital Organization of Railway Systems." It was discust by Drs. Woods Hutchinson, R. W. Corwin, Miles Taylor, of San Francisco, and closed by Dr. Hopkins.

"The Transmission of Typhoid Fever on Trains and Steamboats," by Dr. W. C. Rucker, Assistant Surgeon-General, U. S. P. H. S., Washington, D. C., was read by the Secretary.

"The Transportation of Consumptives," by Dr. Henry B. Hemenway, of Evanston, Ill., was read by title.

Dr. W. A. Sawyer, Director, Hygienic Laboratory, State Board of Health, Berkeley, Cal., read a paper entitled "The Disease Carrier on Train and Steamboat."

"The Control of Sewage upon Vessels and Railway Coaches," by Leslie C. Frank, Sanitary Engineer, U. S. P. H. S., Washington, D. C., was read by title.

The Chairman announced that two of the contributors to the program had been called for world service, Professor Vernon Lyman Kellogg having gone to Belgium to assist with the relief work, and Dr. Richard P. Strong to Serbia, heading the work to stamp out the typhus epidemic. Dr. Isabel McCracken, of Stanford University, read Professor Kellogg's paper on "The Transportation of Insects with Special Reference to Disease Carriers."

These papers were discust by Drs. Adelaide Brown, San Francisco, George E. Ebright, R. W. Corwin, C. W. Hopkins, Woods Hutchinson and Dr. Sawyer.

Christopher M. Bradley, Esq., A.B., LL.B., Counsel to the Industrial Accident Commission of the State of California, Attorney for the State Compensation Insurance Fund and for the State Safety Department, San Francisco, read a paper entitled "The Relationship of Compensation Acts to Interstate Commerce." This paper was discust by Dr. Morton R. Gibbons, Medical Director, California Industrial Accident Commission, San Francisco, Dr. Woods Hutchinson, and closed by Mr. Bradley.

Dr. R. M. Woodward, Surgeon, U. S. P. H. S., San Francisco, read a paper entitled "The Health Protection of the Sailor in the Merchant Marine."

This concluding the program, the Academy entered into Executiv session.

The Council reported recommending the election of Dr. Philip King Brown, San Francisco, and Dr. Elizabeth Wilson Allison, Madison, Wis., to Fellowship. On motion the Secretary *pro tem.* was authorized to cast a ballot for the Academy.

The following persons proposed for Associate membership were also reported by the Council to the Academy with the recommendation that they be elected:

Mrs. Martha P. Falconer, Superintendent Sleighton Farms, Darlington, Pa.

James H. Foster, Assistant Secretary of the American Social Hygiene Association, N. Y.

Bascom Johnson, Assistant Counsel, American Social Hygiene Association, N. Y.

James Bronson Reynolds, Counsel, American Social Hygiene Association, N. Y.

On motion the Secretary *pro tem.* was authorized to cast the ballot for the Academy.

The Council also recommended the adoption of the following which was referred by it to the Academy:

That the American Academy of Medicine support the movement in Congress to provide a National Leprosorium.

This resolution was, on motion, adopted unanimously.

The resolution submitted by Dr. Adelaide Brown was reported

back to the Academy with the recommendation that it be adopted, and is as follows:

WHEREAS, Harvard University has affiliated with the Massachusetts Institute of Technology for a course in Public Health Work, on the satisfactory completion of which a certificate is granted, and

WHEREAS, The Institute of Technology has opened all its courses to women, the affiliation with Harvard University, which is not a co-educational institution, debars women from participating in this most desirable course.

Be It Therefore Resolved, That the American Academy of Medicine in congress assembled in San Francisco, appeal to Harvard University to set aside its ruling in this department, and admit women to the Public Health course, who are adequately qualified to meet the standard required by this University.

The Nominating Committee presented the following report, which was, on motion, accepted:

President, Dr. George A. Hare, Fresno, Cal.

Vice-Presidents, Dr. R. W. Corwin, Pueblo, Colo.; Dr. Reuben Peterson, Ann Arbor, Mich.

Secretary, Dr. Helen C. Putnam, Providence.

Assistant Secretary, Dr. W. L. Estes, Jr., South Bethlehem, Pa.

Treasurer, Dr. Charles McIntire, Easton, Pa.

A motion was made and carried that when the Academy adjourn, it adjourn to meet in Philadelphia between September 20 and 23, 1915, at a precise date to be fixt by the Executiv Committee of the Council and that Dr. John B. Roberts be instructed to cast a single ballot of the Academy at this adjourned meeting for the nominations made by the Nominating Committee.

The Nominating Committee also recommended that Detroit be the place for the next annual meeting, at a date to be fixt by the Executiv Committee of the Council, immediately preceding the meeting of the American Medical Association.

On motion the Academy adjourned.

The following members registered at the meeting:

H. E. Alderson,	San Francisco.
Elizabeth Wilson Allison,	Madison, Wis.
Christopher M. Bradley,	San Francisco.
Rupert Blue,	Washington.

D. C. Brockman,	Ottumwa, Ia.
Adelaide Brown,	San Francisco.
Philip King Brown,	San Francisco.
L. Duncan Bulkley,	New York City.
Genevieve Clark,	Cambridge, Mass.
Inez L. Clarke,	Cambridge, Mass.
R. W. Corwin,	Pueblo, Colo.
A. R. Craig,	Chicago.
Emma B. Culbertson,	Boston.
H. Bert Ellis,	Los Angeles.
George E. Ebright,	San Francisco.
E. M. Fly,	National City, Cal.
George A. Hare,	Fresno, Cal.
Frederick L. Hoffman,	Newark, N. J.
Woods Hutchinson,	New York City.
Edward Jackson,	Denver.
J. S. Marshall,	Berkeley, Cal.
J. H. McBride,	Pasadena, Cal.
Emma L. Merritt,	San Francisco.
Horace Newhart,	Minneapolis.
H. P. Newman,	San Diego, Cal.
Mary Riggs Noble,	Colorado Springs.
E. Amelia Sherman,	McGregor, Ia.
A. B. Spaulding,	San Francisco.
Ray Lyman Wilbur,	San Francisco.
R. M. Woodward.	San Francisco.

FROM THE FIELD.

The 16th annual Conference of the Association of American Universities held last November had a very interesting discussion on "The Economy of Time in Education." It went far afield, as such discussions are apt to do, touching upon the diletanteism of the American student in the arts course, on the one hand, and whether American universities should be patterned after those of Germany or England, on the other.

The discussion was opened by President Lowell, of Harvard, by calling attention to the common agreement that there is a waste of time, that our professional education begins too late, that the amount of time to be saved is two years and that the change ought to be all along the line but usually when practised the two years is taken out of the college. He thought that a year could be saved in the secondary and elementary schools, permitting men to enter college at an earlier age than at present. He also thought that means should be adopted by which the bright boys can proceed faster, which would not only result in a gain of time to them but also be a direct benefit, enabling a man to develop his utmost capacity. He also thought that there should be a diversity in the colleges and not the close standardization that seems now to be thought desirable, where everybody devotes two years to general studies and spends the last two years in the college and professional work, which is counted both for the bachelor and the professional degree. President Lowell does not oppose this combined course. He thinks it is the best for the great mass of men who enter the professions in this country as otherwise it might prevent them from having any college training at all. But it ought not to be made absolute and opportunity should be given for the full four years of college work, which could be easily secured if the students can be gotten at a younger age than they are now. "Let that bright boy get into college at seventeen, and stay until twenty-one, a very suitable age to begin professional studies." In this connection President Lowell has compiled some statistics that are of interest. They tried at Harvard to discover the relation of the age of entering

college to the conduct of scholarship. The results are very striking.

They showed that the boys who entered younger were better behaved and better scholars than the older ones. The two curves were very striking. The curve of marks went down, and the curve of censures went up as the age increast. We found that the younger men were reprimanded for small offenses, but their serious offenses were fewer. On the other hand, they were much better scholars. There are two elements in the result. One of them is *selection*. The boy getting into college at seventeen is likely to be more industrious and brighter than the boy who does not pass his examinations until nineteen. But I do not think that accounts for the whole difference. There is an appropriate age for each kind of instruction, and it would seem that to obtain the full benefit of general education the average age of entering college should be younger than it is in America today.

The discussion was continued by Professor Angell, of the University of Chicago, President Wheeler, of the University of California, and President Hill, of the University of Missouri. It was shown that the Universities of Chicago, Michigan and Missouri had eliminated the eighth grade in certain schools, thereby saving a year; and in Missouri they were experimenting with the seventh grade and the high school year, showing the possibility of saving still the second year at no expense to the character of the training, thus showing the possibility of a further extension of this plan. President Lowell's contention that the university method could be offered to students who were not studying for a profession met with some opposition, especially from President Wheeler, because he was:

Unable to overlook what I see plainly in my own institution, and what I know that the presidents of other state universities see in theirs, when we bring into comparison the attitude of mind of our engineering students and that of our students who are candidates simply for the degree of A.B. in the humanistic and general branches. Our engineering students have a pace on. They work with intensity. We cannot help noticing the contrasts of these two groups of students, living together in the same university, belonging to the same fraternities, and taking part in the same athletics. We cannot cheat ourselves any longer about that, and we cannot conceal it any longer from the general public. Students in the general courses, as we call them, do not work with the intensity that is characteristic of the men in the engineering courses. There is something wrong here. The students who enter upon these general courses with us seem to feel that they have ahead of them three or four years of easy going, and to this situation may be attributed the

whole abuse of athletics, and the whole abuse of what we call student life.. If it were merely a matter of providing a place where gentlemen's sons and young men who are likely to go into business could come into contact with the larger life, I should say nothing about it, but I very much question whether there is any need of our providing for those young men three years of elegant leisure in contact with inspiring ideals such as are offered by the English colleges. I question very much whether we are under obligation to provide anything of that sort for our young men. I think the remedy will have to come in our observation of that which makes the work in the engineering colleges what it is. I think our boys who are pursuing general studies, and are idle and lazy about it, feel that they have three years that they can waste more or less. There is no pressure upon them. There is no strong power of a life-work present. We must accommodate the course for those young men in some way toward a life-goal, even if it be a pseudo-goal. The work must be done as if in relation to a life-work, or it will not go with American standards such as we have to deal with. They are lax just as soon as they feel that these studies have no relation to anything they are going to do in this active American life. I think we lost fearfully in this country when we dallied with the thing we called the elective system. We know today how much we have lost, how we slumped back, in that thing. Far better that we knew five years ago.

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SIXTH ANNUAL REPORT OF THE COMMITTEE FOR THE PREVENTION OF BLINDNESS OF THE STATE OF NEW YORK, JANUARY 1, 1915.

On January 1, 1915, the New York State Committee for the Prevention of Blindness and the American Association for the Conservation of Vision were consolidated into an organization to be known as the National Committee for the Prevention of Blindness, hoping thereby to carry on a larger campaign and do more effective work. An income of \$15,000 insures the work for the first year.

That much preventable blindness exists is shown by the Secretary in her report, from which we quote:

To many this may seem too high an estimate—that one-half of all the blind people in this country need not have been blind. But it has long been known to the medical profession, and to a comparatively few others among the lay public, that more than a quarter of the pupils in the schools for the blind are sightless because their eyes were not properly treated during the first few days of life; that other children become totally or partially blind from trachoma and other eye infections, or after attacks of such infectious diseases as measles, scarlet fever, etc.; that industrial accidents cause the

needless loss of many eyes; that drinking wood alcohol or inhaling its fumes in close places causes both blindness and death; that inadequate lighting is responsible for much visual disturbance; and that eye-strain is a serious factor in general nervous breakdowns.

The Committee has carried on a campaign of education thru its publications, 31,272 copies of which were distributed last year; thru lectures and addresses before numerous organizations; by exhibits and lantern slides and thru the newspapers and various magazines and journals. As the Standing Committee for the State of New York of the National Committee for the Prevention of Blindness, it proposes during the coming year:

To continue its study of the occurrence and results of ophthalmia neonatorum; to assist in securing the enforcement of the law requiring this disease to be reported early; to secure provisions whereby reported cases may be adequately and promptly treated; to extend educational work as to the methods of prevention and cure of this disease; to support or initiate legislation which shall provide for the standardization of midwife schools by the State Department of Education; and to continue its study of unnecessary blindness and visual impairment resulting from wood alcohol, trachoma and other infections, industrial accidents and inadequate lighting; and to take such measures as lie in its power to aid in eliminating such causes.

* * *

THE CONSERVATION OF THE ADULT.

It is a shock to our self-complacency as well as a stop to our boasting to read: "At the age of 40 the expectation of life is less now than it was 30 years ago," and not to be able to refute it. Not because the statement is made with the approval of the U. S. P. H. S., but because cold, dispassionate figures make good the proposition. We have awakened to the fact that the diseases of degeneration are increasing. We had been lulled to slumber by the consciousness of the general increase in the average longevity of the race, forgetting that it has been brot about largely by "giving the babies a chance." And the modern Moloch, deprived of the offering of children, is burning out the life of the mature. The diseases of old age are becoming the diseases of middle life.

Blessed is the man who invented Vital Statistics! By them we have at once the warning signs for "thin ice," and a gauge to the efficacy of preventiv measures. The awakening has been too recent to apply the gauge in this instance but the warning signal has been seen.

Autopsies are necessary but not desired by the individual: it is an event to be deferred. Mortality statistics are not of personal interest to those who are counted. If our warning signs are to be of use, the condition of the individual must be known. Morbidity figures precede the death rate and health antedates them both. If it be possible, it is wise to know if the individual is wandering in the border land between health and disease. In most instances it is possible in these diseases of degeneration.

It would be impossible to combat an outbreak of typhoid fever or of the cholera without knowing the presence or prevalence of the disease. In like manner a medical examination of the individual—of the supposedly well in common with the presumably ill—is necessary before any rational plan for a campaign is outlined. Opportunity is offered for this to their policy holders by several insurance companies; to their employees by a number of industrial plants. These opportunities are necessarily limited in scope; what is needed is a movement universal in character. To be American, the Association for the Postponement of Adult Mortality could find a place among the galaxy of American associations, were it not that the "Life Extension Institute," with offices at 25 W. 45th Street, New York City, has already been incorporated having this purpose in view. As Prof. Irving Fisher, of Yale, is chairman of the Hygienic Reference Board, the Institute is worthy of commendation.

* * *

The Medical Library Association, whose object is "the fostering of medical libraries and the maintenance of a system for exchange of medical literature among them," is doing a good work unostentatiously. We are in receipt of its 18th annual report from which we glean that the Association is made up of 51 libraries

and 41 individual members. The Association, thru its headquarters, 1211 Cathedral St., Baltimore, serves as a clearing-house whereby the wants of one library may be supplied from the duplicates of another. In this way 1347 volumes and 2023 miscellaneous pamphlets and journals were distributed among 40 libraries during the past year. Membership in the Association would seem to be especially advantageous to the smaller libraries since we are informed that the larger libraries of the Association are very generous in their exchange from a stock of duplicates. So that probably there is no way a small library could get a better return from the \$10 annual dues than by becoming a member of the Association.

* * *

WHAT ONE DOCTOR HAS ACCOMPLISHT.

Dr. George E. Malsbary, the Editor of the *Southern California Practitioner*, realizing that the proportion of the reported cases of tuberculosis in Los Angeles has increast materially while there has been a reduction in the number in Eastern cities, which reduction has been ascribed to the employment of a sufficient number of municipal tuberculosis nurses, began to agitate. Taking advantage of the California law permitting the initiativ, he prepared a petition and an ordinance, authorizing the appointment of a sufficient number of nurses properly to care for those reported with tuberculosis, the total number being automatically fixt by providing one nurse for every hundred cases reported. He secured some 20,000 signatures to this petition, which was referred to the people for their approval at the June election and carried by a vote of 47,359 to 25,681.

We do not all of us possess the facilities of the initiativ and referendum but all have the opportunity of ascertaining the health facts and giving publicity to the same, whereby creating public opinion and this in time will bring about needed reforms whether by direct vote or not.

* * *

For the school year ending June 30, 1914, it cost the city of Milwaukee \$21,323.43 for medical inspection of the public schools

and judging from the details given in the report the money was well spent. The following abstract concerning the education of crippled children is interesting:

In every community there are a certain number of children who are physically handicapt so that it will be only with great difficulty that they can compete with physically normal children in the endeavor to secure a livelihood. These untoward circumstances seem to be more prevalent among the poorer classes of a community where the battle of life is already raging the fiercest. Any investment made by the State to bring about conditions of life among these unfortunates whereby their struggle may be made less fierce and the change for a happy existence more secure, will be of decided value to the populace as a whole.

Crippling may be produced before birth, during birth, or after birth.

The education of a child crippled should be along such lines as will enable him to make himself self-supporting and the building designed for the schooling of these children should contain the necessary equipment to teach various forms of industrial arts.

In crippling produced by lesions of the central nervous system the mind is almost without exception affected and the class of work should be designed so that it will meet the mental capabilities. The degree of mental deficiency which should receive the benefits of a school for crippled children, should be limited only by the child's inability to learn any form of revenue-producing work, even tho it may be necessary to constantly supervise that work.

When the child has reached an age at which it is no longer feasible or practical to continue its attendance at a regular city school, it should be transferred to a State School, there to remain for the rest of its life if adequate home care cannot be provided, and still reduce the expense of its care by making some marketable article.

Probably in every community of large size there are enuf children to make a class. In the smaller communities it will be necessary to send the crippled directly to the State Schools and homes for crippled children.

In the tuberculous lesions of the larger joints it often becomes necessary for the child to remain out of school for several years before the lesion is so far healed that the child can again walk to the school, or, because of fixation of joints, adjust itself to the ordinary school furniture. These years are wasted to the child. The school can be so constructed that the child may be gaining the benefits of heliotherapy and at the same time improving mentally and physically at the school because in rare instances only can the proper therapy and exercise to promote the health of the child be provided in the home.

With the lesion healed the child can again go to the regular school and enter a grade commensurate with its age.

The expense of such a school need not be very great after the initial cost

of building and equipping. The experience of other communities, and more especially of Germany and England, in this line of educational work rather establish the fact that it is a paying investment by the reduction in the number of ultimate non-producing state charges.

If the school could be located in the immediate neighborhood of an orthopedic hospital and dispensary, there would be the decided advantage of providing proper treatment without much loss of school time and also of obtaining treatment for cases which are now and will continue to be neglected.

NOTES AND NOTICES.

ADJOURNED MEETING OF THE ACADEMY.

The American Academy of Medicine will hold an adjourned session at the Bellevue-Stratford Hotel, Philadelphia, on Tuesday, September 21, 1915, at 12.30 P.M., assembling in the room where the Medical Society of Pennsylvania is meeting immediately after its adjournment. It is possible that important business may be presented, hence a large meeting is desirable.

* * *

The ninth annual report of the Carnegie Foundation for the Advancement of Teaching, in speaking of the American Association of University Professors, says:

Too many university teachers are content to be absorbed in their own fields of study or research, and give little time or thought to the larger problems of university life and university progress. Such a body as this ought to furnish the opportunity and the incentive toward such thinking.

This absorption is not limited to university professors. It may be seen elsewhere and the sentence may be paraphrased and still remain true. "Too many students of social welfare are content to be absorbed in their own fields of study or research and give little time or thought to the interrelation and interdependence of the various subjects leading to larger problems and a broader outlook."

As Dr. Pritchett says that the American Association of University Professors may help overcome this narrowness of purpose, in like manner it is the field of the American Academy of Medicine to furnish an opportunity for the broader view and the wider outlook.

* * *

The following is from the report of the Christian Hospital at Shaohsing, China, for the year 1914:

STATISTICAL SUMMARY.

PATIENTS:

Dispensary.

New cases.....	2,655
Return visits.....	2,041

Total.....	4,696
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Hospital.

Admitted men.....	113
Admitted women.....	53
Admitted children under 16.....	12

178

Number of "treatments," average stay being 35 days.....	6,234
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Private.

Chinese.....	280
Missionaries and one mission school.....	247

Total.....	527
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Total treatments.....	11,457
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OPERATIONS:

Under ether.....	58
Under chloroform.....	2
Under cocain.....	44
Without anesthetic (mostly dental and not including lancing abscesses and boils).....	188

Total.....	292
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FINANCIAL STATEMENT (Current expenses only).

Total expenses, wages, board, drugs, etc.....	\$4,225.93
Total receipts from patients.....	3,240.73

Balance, received from A.B.F.M.S.....	\$ 985.20
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* * *

The Medical Department of Columbia University is planning to make more effectiv the intercorporate alliance with the Presbyterian Hospital, which was effected in 1911, by grouping the hospital and college buildings on the same plot of ground. The

site has been selected at Broadway and 165th to 168th Streets, containing a little over nine acres. By this arrangement the medical department will have ample clinical facilities while the patients in the hospital will benefit from the scientific ability of the members of the faculty of the medical school. It is also claimed that the site for the hospital is in a part of the city at present deficient in hospital accommodations.

* * *

The thirty-seventh annual report of the Department of Health of Augusta, Georgia, for the year ending November 30, 1914, exhibits an active, wide-awake health board, helping to maintain the fame of the fair city of Augusta. In harmony with the mortality rates reported elsewhere, the deaths in the colored population amount to 20.5 per 1000, while those of the white population only to 12.7 per 1000, but in Augusta, at least, this is not entirely racial. Quoting from the report we learn:

The negro population of the City of Augusta lies almost wholly south of Gwinnett Street; and in that section of the city recently added, lying to the south of old South Boundary, sanitary conditions are even yet intolerable. There is no adequate sewerage, and that section of the town is still badly drained, and in spite of persistent oiling there remain too many breeding places for mosquitoes. There are, of course, in this zone a large number of surface closets. We cannot expect to give this City its proper rating for healthfulness until we pay the same attention to the conditions under which the negro population lives as we do to the conditions surrounding the whites, and I trust that before another year has passed those responsible for the expenditures of the City's funds will correct these conditions which are at present intolerable and a menace to the health of the whole community.

Possibly a part of the excess death rate among the colored people elsewhere is due to a like disparity in the hygienic surroundings of each class of people.

ACADEMY PERSONALS.

EVERITT, ELLA B., has been elected president of Wilson College, her *alma mater*, but has declined the position.

MOFFITT, HERBERT C., was elected a vice-president of the American Medical Association at the recent meeting in San Francisco.

PATTERSON, LOUISE, formerly resident physician at the Vineland Training

School, is now Superintendent of the California Psychopathic School at Downey, Cal.

WILCOX, REYNOLD WEBB, has received the degree of D.C.L. from Wittenberg College.

NECROLOGY.

1915. May 5. Niles H. Shearer.
 10. N. E. Wordin.
 Je. 13. Alfred Mitchell.
 15. Charles A. Cooperrider.

COUNSELLING.

PROFESSOR CABOT AND WOMEN PHYSICIANS.

To the Editor of the Journal of Sociologic Medicine:

I have been askt by a number of colleagues of both sexes whether I would not be willing to write a letter to the medical and lay press stating my views concerning what has been considered an unjustifiable attack on women physicians made by Prof. Richard C. Cabot of Harvard Medical School in a recent address delivered before the graduating class of the Woman's Medical College of Pennsylvania. I gladly comply with this request and hope that you, dear Doctor, will extend the hospitality of your columns to this brief communication. You may rest assured that thereby you will earn the gratitude of a fair-minded public within and outside of the medical profession.

I am particularly anxious to ask your kind co-operation because of the more or less sensational headings with which Dr. Cabot's remarks have been reproduced in the lay press and the likelihood of real harm being done to a just cause if some of the statements are not contradicted. Thus, for example, a New York paper, usually known for its dignified way of publishing news, headed the article "Doctor Man Calls Doctor Woman Unfit."

It is alleged that Dr. Cabot asserted that the majority of women physicians were not temperamently and physically adapted for the more strenuous branches of the profession and

therefore were "disappointed and dissatisfied." He is reported to have furthermore ventured the suggestion that women physicians should avoid taking up general practice and research work and should interest themselves in social service. Such statements as these, if accurately reported, must have surprised a great many physicians of the so-called stronger sex as they have surprised me, if it has been their privilege, as it has been mine, to associate professionally with our sisters in medical work.

Dr. Cabot, in my opinion, has committed a grave error and has made an unjust accusation and I feel sure that he will regret the statement after more serious reflection. I know Dr. Cabot personally and know him to be of that large-minded type of men who are willing to retract what may have been said on the impulse of the moment and which after due reflection they find to be erroneous.

It seems to me that we must admit that considering the relatively small number of women physicians in the world there are as many among them who distinguish themselves as among the men physicians. Dr. Cabot must be familiar with the work of the pioneers among women physicians who have become illustrious in all branches of medicine. I will merely recall the names of a few of them: Emily Blackwell of New York, founder of the Woman's College; Anne Cleveland of Philadelphia; Sarah Hackett Stevenson of Chicago; Mary Putnam Jacobi of New York; Cornelia Brown, the celebrated surgeon of San Francisco; Celia Mosher of the same city; Clara Marshall of Philadelphia; Lillian H. South of Kentucky, Ex-Vice-President of the A. M. A., noted for her work in the extermination of hookworm disease; Helen C. Putnam, M.D., LL.D., of Providence, R. I., one of our best authorities on school hygiene; Sarah McNutt, S. Josephine Baker, Lydia Allen De Vilbis, Rosalie Slaughter Morton, Anna W. Williams of New York, and Mary E. Lapham, of North Carolina, one of the American pioneers in the tuberculosis treatment by artificial pneumothorax, all known for their unceasing labor on behalf of scientific medicine, public health and child hygiene. Besides these, there are many others well known thruout the country for their unselfish and excellent work in

their respective branches. Abroad we have Dr. Lydia Rabinowitsch of Berlin who recently received the title of Professor from the German government for her researches in tuberculosis; the late Robert Koch counted her among his most distinguished pupils. Paris, too, has many women physicians of distinction and the greatest among them is Madame Klumpke-Dejerine, celebrated for her researches in neurology. There are hundreds of other women physicians not all equally renowned but certainly equally successful in their practice.

There are of course disappointments in the medical profession to women as well as to men. Some of both sexes are unsuccessful, but to generalize and say that women are unsuited for the medical career, and particularly for general practice, is a grave injustice. The woman who enters the medical profession with that enthusiasm, devotion and self-sacrifice characteristic of her sex will not only be of as great service to suffering mankind as her brother physician, but will rarely fail. She will be neither "disappointed or dissatisfied" but will do her work as well as the rest of us.

The social service of which Dr. Cabot thinks women are particularly capable can be rendered by the woman of average intelligence without the four or five years' training necessary to attain an up-to-date medical education. If in Dr. Cabot's opinion woman has a better understanding of social service than man has, then the woman physician can aid and guide the lay worker in that field of usefulness with all the greater intelligence and skill.

This is not the age of either man or woman alone; let us work side by side with our sisters in medicine, open the doors of all the medical schools to women and give them equal opportunity, and they will do their share in advancing medical science, alleviating distress and suffering, sharing in social service as they are sharing nobly in other fields of human activity.

Believe me,

Most respectfully yours,

S. A. KNOFF.

CO-OPERATIV PRACTICE.

When the discussion of this subject was first suggested in the JOURNAL, a circular letter was sent to a number of physicians thruout the country asking for certain confidential information germane to the subject. A number responded giving the desired facts, but the replies were not numerous enuf to permit any accurate deduction, since they were collected from too great an extent of territory. This letter suggested the desirability of a more intensiv investigation to Dr. Oliver W. Turner, of Augusta, Me., which he at once undertook. Of the result, he writes:

"I sent to one hundred and twenty-five active general practitioners in various parts of Maine, an explanatory letter accompanied by a list of three questions which I requested to be answered and returned to me in the self-addressst and stamp envelope which I furnisht.

"The replies I received show a great difference of views as regards the number of patients which a single physician can properly care for, if he devote his entire time to co-operativ practice. The smallest estimate set was 10; while the largest was 2,000, and the average 722.

"In answer to the inquiry as to number of separate individuals seeking advice during a period of six months, the average was 482, the smallest being 200 and the largest 800.

"The average amount received from all patients during a period of six months was \$2494, the figures varying from \$1119 to \$5000."

Here is a beginning. If Dr. Turner's investigation will encourage others to gather the facts from other localities, we will have eventually a substantial foundation on which to build a safe argument.

Mr. Ira B. Cross, of the University of California, in an article on "The Experience in State Compensation Insurance in California" in *The Survey* for May 22, 1915, says:

The three ideals behind the establishment of the fund were to secure better medical service, or prompt payments of compensation benefits, and lower rates for the employer. To make the first possible, a carefully selected corps of medical assistants was appointed thruout the state. These were to act as official representatives of the fund, and every employer insuring with the

fund is notified where he can find such representatives in his community. The fund, however, does not insist that these medical assistants be used by the injured worker, as had been true of other insurance carriers. The worker is permitted to employ his own doctor, provided the latter makes certain reports to the fund, and provided also that the doctor in question is a first-class practitioner. Payments for medical services are made in accordance with a scale of charges prepared by the fund in conjunction with a group of well-known physicians.

Altho bitterly opposed at first by the medical profession, and by private insurance carriers, the plan adopted by the fund worked excellently from the very first and has since been heartily approved by the various county and state medical societies. Its success has also caused its adoption by other insurance carriers.

The following extract from "Some of the Conditions Affecting the Practice of Medicine in the City of Providence," by Dr. Stephen A. Welch, being his President's address at the annual meeting of the Rhode Island Medical Society, June 3, 1915, is apropos of our discussion. It is copied from the Providence Medical Journal.

Another condition affecting medical practice in Providence is the amount of co-operative practice now in force. We agree, doubtless, that it is not the fact itself of contract practice which is objectionable, but usually the terms of the contract. This is not the time, however, to discuss the ethics of the practice, but to get some idea of its extent and possibilities.

The best picture of contract work in Providence was drawn in 1909 by Dr. George S. Mathews in a paper which he read before the American Academy of Medicine. From his address we learn that six years ago one-third of the Jewish people in Providence employed contract physicians, while in Olneyville and Mount Pleasant one-half of the wage earners were members of lodges which employed physicians and that the condition in North and South Providence was but little different.

Since then there has been no diminution in this class of practice, but on the contrary, most of the fraternal organizations employing physicians have increased their membership and new societies like the Moose have sprung up. I had hoped to be able to make a numerical estimate of the number of individuals belonging to these societies, but could not secure the necessary data. The number of physicians so employed we can estimate as not less than one hundred.

This condition has grown out of the economic necessities of the community; it has educated many to co-operative practice and prepared the way for the next step. This step has already been taken in Germany and in England and consists of dividing a town into districts, appointing physicians for each district and paying them a stated sum from insurance or town funds.

Out of the poverty which must follow the present world-wide war will come still greater civic employment of physicians.

In this country the matter has progressed to the point that the medical sociologist is considering such questions as these:

What individuals shall come under co-operative practice and what shall they pay? How many individuals shall be assigned to a contract physician? What is the proper compensation for this district physician? Shall the medical society agree with the State or insurance company or whoever pays what the fees shall be? How shall such physicians be appointed? Shall the medical society provide a list of suitable physicians and many other correlated questions?

It is possible that if the medical society does not study this question it may pass into practice without such reasonable regulation as physicians are best qualified to suggest.

The report of the Judicial Council at the last meeting of the American Medical Association is one of special value. One of the topics discussed in extensu is workmen's compensation. It begins this part of the report as follows:

In pursuance of its functions to investigate general professional conditions, the Judicial Council considers it a duty to bring before the Fellowship of the American Medical Association a report of certain economic conditions that are arising in this country in connection with the various workmen's compensation laws that are being passed in the different states. Some form of workman's compensation law has been already passed in more than half the states in the Union, and there is small doubt that before long such laws will have been passed in the majority of the states if not in every state. The passing of these laws does not mean that some new or special law has been passed to compensate an injured workman under the old common law system, but it means an entirely new legal and social conception of compensation for injury and is, in fact, the beginning of a new social and economic condition in this country. These new economic conditions affect very materially the medical men in a community. It is certain to bring up the questions in new forms of contract and lodge practice, of health and accident insurance, of state aid and state medicine. It will also affect the relationship between the boards of trustees and the attending physicians and surgeons in private and municipal hospitals. Economic changes such as these must be of concern to the general profession, and the Judicial Council feels that it is timely to describe in general what these workman compensation laws are and what are their social and philosophic foundations, and what the trend at present seems to be in their relation to the profession.

Then follows a very comprehensive, full and clear discussion of various phases of the question as developed both in European

practice and in the laws of this country. The report concludes as follows:

It is evident, therefore, that once the old social and legal equilibrium has been upset, society tends to follow to the logical conclusion until it reaches a new equilibrium under a new social system. We have in this country a disjointed mass of insurance schemes and pensions represented by life insurance, fraternal societies, so-called industrial insurance, which is in this country but funeral insurance, and health and casualty insurance. There is the huge pension fund of the United States which has finally become the old age pension of those who fought on the Northern side in the Civil War. There are various industrial pensions for invalidity and old age, as in certain railroads or in certain large industrial establishments. In several large cities in the Union there is a rapidly growing expansion and extension of activities of the health board which constitute state medicine. All these, at present, form an unrelated mass, all tending to give social aid in time of varying needs to different members of the community. In several countries abroad the same various social elements have been combined into some form of workable adaptability by which various accident and sickness insurance, invalidity and old age pensions have been brought together to form social forces which have tended to reduce the destitution of large masses of human beings. These forces unquestionably tend to improve the social condition in any given community, and for the carrying out of any scheme tending to human betterment, the medical profession must necessarily be included, whether it be to judge of sickness or health insurance, whether it be for the prevention of the intensity of injury in the individual from accident or for the prevention of the spread of disease in a community at large. The medical profession will accept its responsibility in these new social conditions as it has always accepted its responsibilities in the past. The Judicial Council therefore presents this abstract of existing social insurance in this country and abroad.

We are glad to have the approval of our contention of the necessity of the careful study of the subject of co-operativ practice from so distinguished a body as the Judicial Council of the American Medical Association.

As illustrating one of the many ramifications of co-operativ practice, the following is copied from an article on "Evening Clinics for Venereal Diseases," by Michael M. Davis, Ph.D., Director of the Boston Dispensary, in *Social Hygiene* for June.

So long as out-patient clinics are established chiefly to care for the so-called "poor," meaning those who are at or below the line of self-support, or as centers of medical teaching, we have one condition of affairs. We have quite another condition when we propose to establish clinics as public

health measures for the purpose of providing diagnosis and treatment for such dangerous, contagious diseases as syphilis and gonorrhea, and with the aim that the clinics shall reach a large proportion of the population. It is clearly unfair to the medical profession to establish such clinics, unless the medical service is salaried. * * * * *

The organization of this staff [at the Boston Dispensary] includes two chiefs, each on duty six months of the year, an assistant to each chief, and such additional assistants as the size of the clinic requires. The salaries have been \$500 for the six months' evening service (three nights a week) for the chiefs. The first assistant receives a little more than half this amount. When the clinic was started it was expected that all the other assistants would also receive salaries, but so many men have volunteered for service that no salaries except to the chief and first assistant have been paid.

GLEANINGS.

The constant invasion of the medical profession into questions of social import is well exprest by the following quoted from the address of Dr. Isadore Dyer, of New Orleans, as President of the Association of American Medical Colleges:

The purviews of medical practice have extended beyond the mere care of the sick. The state has created new fields of activity in contemplating sanitation and regulations in public health, requiring more and more expert training to satisfy the needs of the newer function.

The food supplies, the disease index, the eleemosynary institutions and even the proletariat are all within the practice of the state's solicitous concern.

Not only hospital care of the sick has obtained thru the interest of the state, but even care of those sick in their own domiciles has been considered as falling under the obligation of the state in some places.

The limitations of the state policy and power along these lines are not to be measured just now—time alone may tell. The gradually increast and increasing power of the health board, however, argues that the possibilities of usefulness of the state are great and that they may be much more far reaching than at present.

The *Journal of the American Institute of Criminal Law and Criminology* for March, 1915, contains an article on "The Laboratory in the Study and Treatment of Crime" by Mr. V. V. Anderson, the Director of the Psychopathic Laboratory of the Municipal Court of Boston. This laboratory was organized in September, 1913, and the paper was read before the American Association

for Clinical Criminology, outlining the work attempted and gives some of the results.

The change in the trend of the practice of medicine to the searching of cause rather than the treating of symptoms opened the way for the introducing of laboratory methods in the study of criminals. This study has been aided by the frequency of recidivism, creating a doubt whether the methods heretofore employed really protect society and reform the offender. One notices now a great tendency of handling offenders in the light of what they are rather than in the light of what they have done.

After the establishment of the laboratory it was found to be impossible to examine all the individuals passing thru the courts and the rule was made that only those were to be examined who were referred to the laboratory by the judges and probation officers.

One of the findings of the laboratory is that certain "derelicts," whether alcoholic or not, show a standard of mentality which would cause them to be clast among the feeble-minded but in whom their peculiar condition was found to be due to their manner of living. Hence the necessity of careful diagnosis as the outlook to the general social situation is very different if the deficiency is native or acquired. A series of cases is given to show that proper physical treatment removed the criminal incentive, which could not have been done by the ordinary method of imprisonment. Hence it is seen that the constitutional psychopath, whose resistance to the battles of life is less than normal, can be strengthened in the majority of instances and crime prevented. To do this it will be necessary to institute preventive measures which lead to the proper psychologic investigation of school children who do not appear to have the normal mental organizations.

The final paragraphs of the article are worthy of quoting in their entirety:

The lesson that we wish to call attention to is that there is a certain percentage of children in the schools showing one or other of these defects, whose extreme backwardness may be due to a defect in auditory word memory or visual word memory, etc. The defect may be partial or extreme, and their apparent level in the scale of intelligence will depend upon the degree of severity of the defect.

Those having the defect in the auditory field are much lower and more hopeless than those having such a defect in the visual sphere. Stearns' findings bear this out, in that those who have auditory hallucinations show greater disturbance of consciousness than those who have visual hallucinations.

Educative measures might consist in making good the loss sustained from a certain field that is in arrears by intensive work on others. For instance, in case of visual memory defect, one would pay special attention to the auditory, motor, vocal-motor, etc.

If these findings are borne out by other studies we have an additional tool with which to wage our warfare against feeble-mindedness.

These and numerous other problems at the very root of crime are waiting to be attacked in our court laboratories that are going to be established; and for a long time yet knowledge of criminals will have to be handed out by the teaspoonful rather than by the bucketful. There will be no room for the faddist or misguided enthusiast, for the work will of necessity have to develop slowly; but this is quite clear, that in the creation of just such laboratories in the Municipal Courts of our larger cities lies the road to the establishment of a rational and scientific method of dealing with criminals. "You must first find out what they are before you can successfully cope with them."

The April number of *Ophthalmology* has a very interesting article by Dr. Mark D. Stevenson, of Akron, Ohio, on "The Importance of Eyesight and Its Conservation in the Movement for the Prevention of Accidents," in which he gives the following very interesting table:

As consulting oculist to the B. F. Goodrich Co. of Akron, I requested statistics as to the results of vision tests from W. N. Fitch, who is director of the Department of Safety and Hygiene, and I include the very interesting data which he has kindly prepared so speedily:

OFFICE GIRLS.

Total examined.....	403
Normal both eyes.....	371
Normal one eye, two-thirds other.....	8
Normal one eye, less than two-thirds other.....	18
Two-thirds both eyes.....	1
Two-thirds one eye, less than two-thirds other.....	2
Two-fifths both eyes.....	1
Two-fifth one eye, less than two-fifths other.....	1
Twenty-sixty-fifths both eyes.....	1
Total.....	403
Two of these girls were blind in one eye.	

OFFICE MEN.

Total examined.....	926
Normal both eyes.....	859
Normal one eye, two-thirds other.....	24
Normal one eye, less than two-thirds other.....	35
Two-thirds both eyes.....	2
Two-thirds one eye, less than two-thirds other.....	1
Two-fourths one eye, less than two-fourths other.....	1
Twenty-sixty-fifths both eyes.....	1
One-fifth both eyes.....	1
One-tenth both eyes.....	2
Total.....	926

Four of these men were blind in one eye.

FACTORY EXAMINATIONS.

Number of people examined during the year.....	15,270
Eye examination was started May 26, 1914, and report is as follows:	
Normal both eyes.....	6,328
Normal one eye, two-thirds other.....	542
Normal one eye, less than two-thirds other.....	324
Two-thirds both eyes.....	350
Two-thirds one eye, less than two-thirds other.....	220
Two-fourths both eyes.....	56
Two-fourths one eye, less than two-fourths other.....	62
Two-fifths both eyes.....	87
Two-fifths one eye, less than two-fifths other.....	51
Twenty-sixty-fifths both eyes.....	31
Twenty-seventieths both eyes.....	40
Twenty-hundredths both eyes.....	34
Twenty-two-hundredths both eyes.....	10
Less than twenty-two-hundredths.....	6
Total.....	8,141

Out of this number 21 were blind in one eye, five having the eye removed.

Dr. H. R. M. Landis, of Philadelphia, in a paper on "The Pottery Industry and Its Relation to Tuberculosis" read before the American Climatological Association and published in its last transactions, says:

The relationship which exists between wages and ill-health is one of the burning questions of the day, and there are not a few who believe that an

adequate wage will eliminate much of the ill-health associated with many industries. In regard to this industry, however, such is not the case. The employees most exposed to the dust are, as a rule, skilled workers who command a good wage. Of the twenty-one men included in this report, seventeen were skilled workers capable of making from twenty-five to forty dollars per week prior to the onset of ill-health.

This is but a single witness, it is true, but it causes one to question whether the health, happiness, sobriety and general well-being of any class of people rests solely upon the wage question.

Mr. F. Emory Lyon, the Superintendent of the Central Howard Association of Chicago, in the *Journal of the American Institute of Criminal Law and Criminology* for March, 1915, asserts that "all real and lasting progress in the betterment of the race arises from educational and spiritual forces that each person may be made capable of expressing;" that prohibitionary influences imposed by society are merely material, temporary and palliative. The subjective forces work slowly while the influences from without seem to hasten matters. Hence it is natural that we often seek a short cut to the desired goal of race improvement. Consequently, innumerable panaceas have ever and again been proposed, hoping to hasten the progress of civilization. Nowhere is this more markedly seen than in the treatment of crime, where the problem has been attacked from almost every angle except adequately from within the social body and the individual soul.

Crime doctors without number have arisen with schemes, the most of which have been futile, since the severest punishments of the past have been ineffectiv, police power results only in temporary control; the present direction is seeking to deal with the offender rather than with the offense. This is done by the employment of scientific methods and like such experiments elsewhere must be submitted to scientific tests and too much reliance should not be placed upon the proposed method until it has fulfilled the severest examination. It is well to remember that there may be other elements in man than those that the physician is able to take account of and conscience may have a place. A law may be made an expression of intelligence and conscience. Instead of being simply the greatest of animals it

may be found that man is something more and the ethics of the race have a real foundation not alone in what we call the security of society but also and even more in that which is fundamental to the dignity of man.

LITERATURE NOTES.

NINTH ANNUAL REPORT OF THE PRESIDENT AND OF THE TREASURER OF THE CARNEGIE FOUNDATION FOR THE ADVANCEMENT OF TEACHING FOR 1914.

This report follows the plan of those previously issued giving as Part I the Report of the President on the Business of the Year and Part II a discussion of the Current Educational Problems, to which one naturally turns first.

President Pritchett first discusses Standards and Standardizers in which he shows up very plainly the weakness and failings of the present trend of education towards a mechanical standardization. Much of this is due, we think, to the incentive of the Foundation itself, altho it is disclaimed in the report that any such result was intended in its previous investigation. Be this as it may it is refreshing to read an earnest protest against carrying the standardization to excess.

A little further on in the report the Classification of Medical Schools is considered and the work of the Council on Medical Education of the American Medical Association is put under friendly but sharply critical review. Exception is taken to the condition imposed by the Council of one year of college work as an entrance requirement, which year should include the study of three sciences and a modern language; and likewise to the value of the criteria assumed by the Council in determining the actual classification of medical schools. As in the previous publications of the Foundation perfect frankness is employed in expressing an opinion, whether commendatory or the reverse.

Two other parts of this report are of interest to physicians; a review of Medical Education on the Pacific Coast being one, and the curious result of the endeavor of the University of Ohio to organize a medical department, which is treated under the caption of Medicine and Politics in Ohio.

The Reports of the Welfare Work of the Metropolitan Life Insurance Company for 1914 are at hand and contain some items of interest. We note that the visiting nurse service extends over 1,804 cities and towns in the United States and Canada with 192,335 patients. These patients made necessary 1,060,288 visits and an expenditure of \$527,861.64 in 1914.

The Company has interested itself in public health work and in 1914, with the co-operation of health officers and civic associations, carried on clean-up campaigns in some 153 cities. Other communities have recognized the value of the literature published by the Metropolitan Company from time to time on typhoid fever, small-pox, measles, etc., and, at their own request, have received quantities of this literature for distributions, with beneficial results. In addition, pamphlets on "Teeth, Tonsils, and Adenoids," "First Aid in the Home," etc., have been used in many schools and colleges throughout the country, thus carrying on a campaign of education along these lines.

The Company is awake to the necessity of conserving the health of its employees and to this end has instituted an annual medical examination of those it employs and maintains an eye clinic and dispensary.

That part of the Report devoted to the Sanatorium at Mount McGregor is of special interest, for it will be remembered that this is the fruit of a suggestion made by Dr. S. Adolphus Knopf in an address on tuberculosis before more than 1000 of the employees and agents of the Metropolitan Life Insurance Company in January, 1909. From the date of its opening, November 24, 1913, to January 1, 1915, 131 patients have been treated for tuberculosis.

The Immigrants in America Review is a new venture in periodic literature and it is published quarterly by the Committee for Immigrants in America, No. 95 Madison Ave., New York City, under the editorial supervision of Frances A. Kellor. The second number, for June, 1915, contains a series of articles relating to the various phases of the immigrant question, looking in every instance to his proper care and protection and progress towards his

Americanization. An article of special interest to physicians is that on "The Immigrant and the 'Quack,'" showing how the unsuspecting new arrival is victimized by these "sharpers" who use the practice of medicine as a cloak.

A year ago Stanford University issued a rather unusual appearing volume, being the medical publications of the members of the Faculty for 1913, forming what was known as Bulletin No. 1. Bulletin No. 2, for 1914, is on our table and contains 37 papers published by the members of the Faculty in various periodicals during the year 1914. Instead of "recomposing" the material and printing on uniform pages, the volume is made up by binding together reprints of the original article as it appeared in the medical journals. So that the result is a variety of form as well as material, making it unusual in appearance but none the less readable or valuable.

CONCLUSIONS FROM A STUDY OF ORNITHOLOGY. By HOWARD JONES, A.M., M.D., Circleville, O., being an essay read before the Audubon Club of Columbus, Ohio, in February, 1915.

We have had occasion to speak well of Dr. Jones' enthusiastic study of birds in reviewing some of his previous papers and commend his practice as an example of the desirability of students having a recreation study affording them pleasure by the diversion of thought from professional lines and at the same time profit in broadening the mental processes. These benefits are markedly prominent in the present essay, which is indeed a dissertation on nature's conservation of life by means of the prodigal expenditure of life. *Omne vivum ex vivo* takes on a much broader significance after reading this essay than the usual narrow limitations given to it.

ACKNOWLEDGMENTS.

[It is intended to acknowledge all publications received since the issue of the last number that are not otherwise noticed. The present list records the publications received (other than periodicals in exchange) from May 26 to July 21, 1915, inclusiv.]

This acknowledgment is considered a full return for the courtesy of sending us the publication. Additional notice will be given when space permits. Publications treating of medico-social questions will be given precedence in the fuller notice.

U. S. Bureau of Labor Statistics: Bulletin No. 156, Retail Prices, 1907 to December, 1914. Bulletin No. 157, Industrial Accident Statistics.

U. S. Bureau of Mines: Coal-mine Fatalities in the United States, 1914. Technical Paper No. 101, Permissible Explosion-proof Electric Motors for Mines; Conditions and Requirements for Test and Approval.

United States Geological Survey: Bulletin No. 580, Contributions to Economic Geology.

New York State Charities Aid Association: No. 136, Sickness in Dutchess County, New York: Its Extent, Care and Prevention.

Annual Report of the New York State Charities Aid Association for 1914.

Metropolitan Life Insurance Company: The Visiting Nurse Service. Pellagra. Diphtheria. Welfare Work for Employees.

Life Extension Institute, New York City: Protecting the Human Machine.

National Committee for the Prevention of Blindness Publications: No. 1, Common Causes of Blindness in Children.

Constructive Social Measures. A Review of Two Years' Work, Department of Social Welfare, N. Y. Association for Improving the Condition of the Poor. June, 1915.

The Social Service Review, July 15, 1915.

Department of Research, Training School at Vineland, N. J.: The Sterilization of Mental Defectives Considered from the Physiological Standpoint. By Amos W. Peters, Ph.D. The Adaptation Board as a Measure of Intelligence. By Henry H. Goddard.

Who Will Discover the Causes of the Insanity of Youth? By Bayard Holmes, M.D., Chicago. (Reprint.)

Medicopsychological Work in Courts. By William Healy, M.D., Chicago.

An Outline for Institutional Education and Treatment of Young Offenders. By William Healy, M.D., and Augusta F. Bronner, Ph.D., Chicago.

A Research on the Proportion of Mental Defectives Among Delinquents. By Augusta F. Bronner, Chicago.

Typhoid Fever. A report of a water-borne outbreak in Decatur and New Decatur, Ala. By Paul Preble, Passed Assistant Surgeon, U. S. P. H. S.

Exercise and Health. By F. C. Smith, U. S. P. H. S.

Proceedings of the Sixteenth Annual Conference of the Association of American Universities, held at Princeton University, November 6 and 7, 1914.

The Crusader, June, 1915.

The Tuberculosis League of Pittsburgh, Bull. iii, 3, Je. '15.

Child Betterment and Social Welfare, May-July, 1915.

The Volta Review: Reprint No. 130, Speech Impediments and Their Correction in the Public Schools of Detroit. Reprint No. 134, Advantages of an Oral Day School for the Deaf. Reprint No. 135, Why not Lip-reading? Reprint No. 136, A Deaf Boy who is being Rightly Trained.

Illinois Biological Monographs: Vol. I, No. 3, Jan. 1915, Studies of the Cestode Family Anoplocephalidae. Vol. I, No. 4, Ap. 1915, Some North American Larval Trematodes.

Medical Expert Testimony. Reynold Webb Wilcox, M.D., LL.D., New York. (Reprint.)

Prudential Insurance Company of America; Panama-Pacific Memorial Publications: No. 1, Reference Guide to the Exhibits of the Prudential Insurance Company. No. 3, Mortality of the Western Hemisphere, 1915. No. 4, American Public-Health Problems.

Twentieth Annual Report of the John Crerar Library, 1914.

Address by the Hon. Elihu Root to the Union League of Philadelphia, March 23, 1915.

Woman Suffrage. Article introduced in United States Senate by Hon. James E. Martine, of New Jersey.

The Medical Pickwick, May, 1915.

The Lilly Scientific Bulletin, June 6, 1915.

New York Post-Graduate Medical School and Hospital, 34th annual announcement, 1915-16.

INSTITUTIONS OF LEARNING.

Canada: Laval University, Annual Cat. 1915-16; University of Toronto, Calendar 1915-16. *District of Columbia*: Georgetown University, Bull. 12 s, 1 J, Je. '15. *Illinois*: University of Chicago, 73d Announcement of Rush Medical College, May, '15; Bull. of Information, xv, 5, Je. '15. *Indiana*: Purdue University, Agricultural Experiment Station, Circular No. 50 and No. 51; Bulls. No. 178-180, No. 203. *Iowa*: Upper Iowa University, Cat. 1914-15. *Massachusetts*: Massachusetts Institute of Technology, Register of former students, May, '15; Wesleyan University, Bull. 58, M. '15. *Missouri*: Tarkio College, Cat. 1914-15. *Nebraska*: Doane College, Cat. 1914-15; University of Nebraska, Agricultural Experiment Station, Extension Bulls. No. 29 and No. 30; Bulls. No. 146-151. *Ohio*: Eclectic Medical College, 71st Annual Announcement, 1915-16; Hiram College, Cat. 1914-15. *Pennsylvania*: Bryn Mawr College, Calendar 1915. *Rhode Island*: Brown University, Bull. xii, 2, M. '15. *South Carolina*: College of Charleston, Cat. 1914-15. *Virginia*: Medical College of Virginia, Cat. 1915-16; University of Virginia, Alumni Bull. viii, 3, Jl. '15. *Washington*: University of Washington, Cat. 1914-15. *Wisconsin*: Concordia College, Cat. 1914-15.

REPRINTS.

Acknowledgment is made of the receipt of reprints upon topics of medicine other than medical sociology from Drs. Russell H. Boggs, Pittsburgh; Oliver Atkins Farwell, New York; Bayard Holmes, Chicago (5); Theodore W. Shaefer, Kansas City, Mo.; Reynold Webb Wilcox, New York (2); and Henry B. Ward, Ph.D., Urbana, Ill. (2).

THE American Academy of Medicine has specialized in medical sociology for the last eight years. The work done has been of the greatest importance. The publications of the Academy have won a high place and are in constant demand. The revised Constitution and By-Laws make it possible for us to so extend our membership as to include as Fellows all physicians who are interested in this phase of medicine and, in Associate membership, all workers in the field of sociology who recognize that scientific medicine is fundamental to all inquiries and investigations of abnormal social conditions, and that the cooperation of the physician is essential for the successful administration of measures for the correction of conditions which interfere with human efficiency.

We believe that the field of sociologic medicine is so large that it can only be satisfactorily covered by a national society of the broadest scope and with the widest conception of the nature of the work before it. We believe that the American Academy of Medicine is the legitimate one to expand into such an organization.—*Abstract from Report of the Committee on Policy made to the Academy in 1914.*

An invitation is extended to physicians interested in the subjects indicated above to become FELLOWS OF THE AMERICAN ACADEMY OF MEDICINE. *Correspondence solicited.* Address the

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